VIDEO+IMAGES: Pediatrics researchers prove iatrogenic "Permanent Brain Injury or Death" link in children

Pediatrics researchers prove iatrogenic "Permanent Brain Injury or Death" link while trying to disprove, minimize, and lie about it

DR ALEX KENNERLY VASQUEZ

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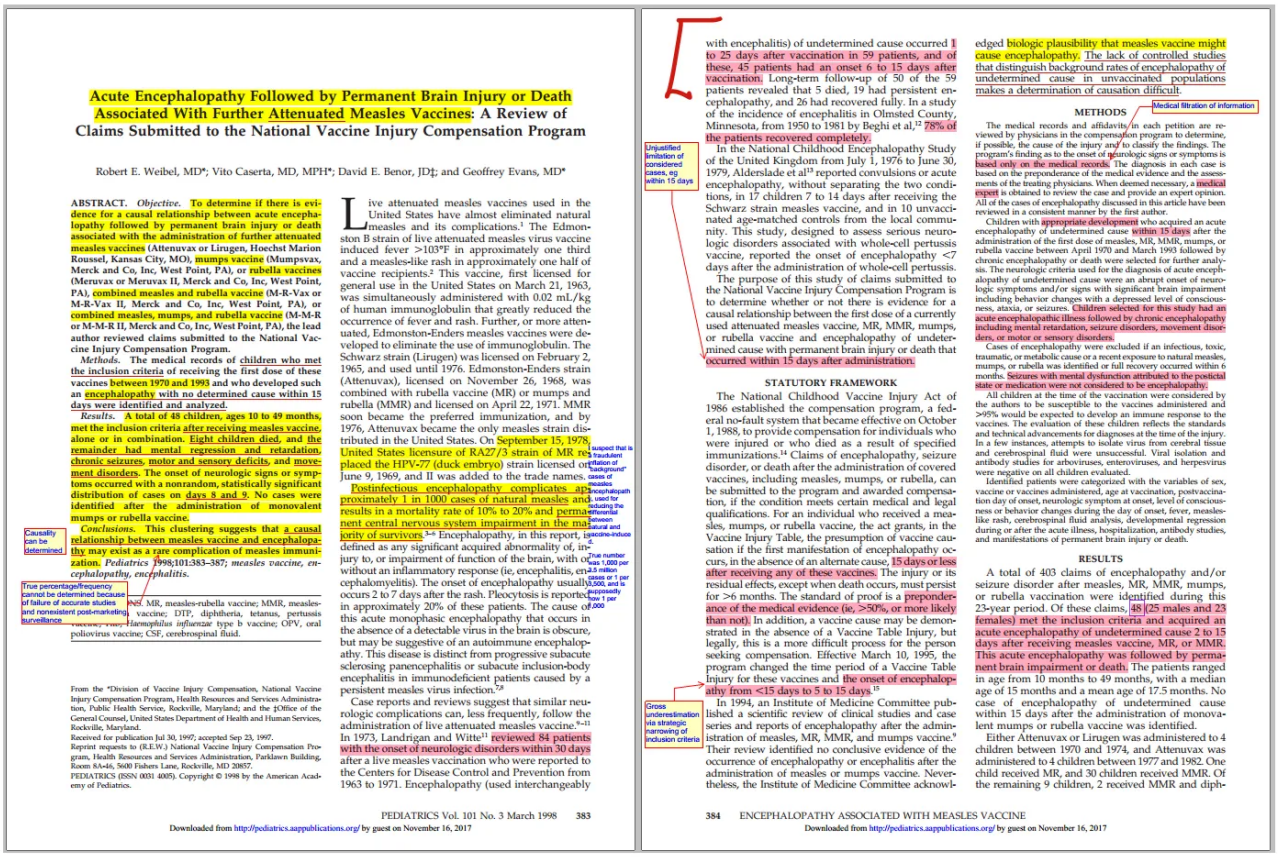
Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated With Further Attenuated Measles Vaccines: A Review of Claims Submitted to the National Vaccine Injury Compensation Program

Pediatrics Vol. 101 No. 3 March 1998

> "We know they are lying. They know they are lying. They know that we know they are lying. And still they continue to lie." — attributed to Alexander Solzhenitsyn, author of *The Gulag Archipelago*

Critical Reading and Video Review

- **Article**: Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated With Further Attenuated Measles Va€€ine$
- **Journal**: ***Pediatrics*** 1998 March
- **Publisher**: American Academy of Pediatrics



Acute Encephalopathy Followed by Permanent Brain Injury or Death Associated With Further Attenuated Measles Vaccines: A Review of Claims Submitted to the National Vaccine Injury Compensation Program

Robert E. Weibel, MD*; Vito Caserta, MD, MPH*; David E. Benor, JD‡; and Geoffrey Evans, MD*

ABSTRACT. *Objective.* To determine if there is evidence for a causal relationship between acute encephalopathy followed by permanent brain injury or death associated with the administration of further attenuated measles vaccines (Attenuvax or Lirugen, Hoechst Marion Roussel, Kansas City, MO), mumps vaccine (Mumpsvax, Merck and Co, Inc, West Point, PA), or rubella vaccines (Meruvax or Meruvax II, Merck and Co, Inc, West Point, PA), combined measles and rubella vaccine (M-R-Vax or M-R-Vax II, Merck and Co, Inc, West Point, PA), or combined measles, mumps, and rubella vaccine (M-M-R or M-M-R II, Merck and Co, Inc, West Point, PA), the lead author reviewed claims submitted to the National Vaccine Injury Compensation Program.

Methods. The medical records of children who met the inclusion criteria of receiving the first dose of these vaccines between 1970 and 1993 and who developed such an encephalopathy with no determined cause within 15 days were identified and analyzed.

Results. A total of 48 children, ages 10 to 49 months, met the inclusion criteria after receiving measles vaccine, alone or in combination. Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9. No cases were identified after the administration of monovalent mumps or rubella vaccine.

Conclusions. This clustering suggests that a causal relationship between measles vaccine and encephalopathy may exist as a rare complication of measles immunization. *Pediatrics* 1998;101:383–387; *measles vaccine, encephalopathy, encephalitis.*

Causality can be determined

True percentage/frequency cannot be determined because of failure of accurate studies and nonexistent post-marketing surveillance

MS, MR, measles-rubella vaccine; MMR, measles-mumps-rubella vaccine; DTP, diphtheria, tetanus, pertussis vaccine; Hib, *Haemophilus influenzae* type b vaccine; OPV, oral poliovirus vaccine; CSF, cerebrospinal fluid.

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Reprint requests to (R.E.W.) National Vaccine Injury Compensation Program, Health Resources and Services Administration, Parklawn Building, Room 8A-46, 5600 Fishers Lane, Rockville, MD 20857.

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Live attenuated measles vaccines used in the United States have almost eliminated natural measles and its complications.[1] The Edmonston B strain of live attenuated measles virus vaccine induced fever >103°F in approximately one third and a measles-like rash in approximately one half of vaccine recipients.[2] This vaccine, first licensed for general use in the United States on March 21, 1963, was simultaneously administered with 0.02 mL/kg of human immunoglobulin that greatly reduced the occurrence of fever and rash. Further, or more attenuated, Edmonston-Enders measles vaccines were developed to eliminate the use of immunoglobulin. The Schwarz strain (Lirugen) was licensed on February 2, 1965, and used until 1976. Edmonston-Enders strain (Attenuvax), licensed on November 26, 1968, was combined with rubella vaccine (MR) or mumps and rubella (MMR) and licensed on April 22, 1971. MMR soon became the preferred immunization, and by 1976, Attenuvax became the only measles strain distributed in the United States. On September 15, 1978, United States licensure of RA27/3 strain of MR replaced the HPV-77 (duck embryo) strain licensed on June 9, 1969, and II was added to the trade names.

I suspect that is fraudulent inflation of "background" cases of measles encephalopath used for reducing the differential between natural and vaccine-induce d.

True number was 1,000 per 2.5 million cases or 1 per 2,500, and is supposedly now 1 per 4,000

Postinfectious encephalopathy complicates approximately 1 in 1000 cases of natural measles and results in a mortality rate of 10% to 20% and permanent central nervous system impairment in the majority of survivors.[3,4] Encephalopathy, in this report, is defined as any significant acquired abnormality of, injury to, or impairment of function of the brain, with or without an inflammatory response (ie, encephalitis, encephalomyelitis). The onset of encephalopathy usually occurs 2 to 7 days after the rash. Pleocytosis is reported in approximately 20% of these patients. The cause of this acute monophasic encephalopathy that occurs in the absence of a detectable virus in the brain is obscure, but may be suggestive of an autoimmune encephalopathy. This disease is distinct from progressive subacute sclerosing panencephalitis or subacute inclusion-body encephalitis in immunodeficient patients caused by a persistent measles virus infection.[5,6]

Case reports and reviews suggest that similar neurologic complications can, less frequently, follow the administration of live attenuated measles vaccine.[8–11] In 1973, Landrigan and Witte[11] reviewed 84 patients with the onset of neurologic disorders within 30 days after a live measles vaccination who were reported to the Centers for Disease Control and Prevention from 1963 to 1971. Encephalopathy (used interchangeably

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with encephalitis) of undetermined cause occurred 1 to 25 days after vaccination in 59 patients, and of these, 45 patients had an onset 6 to 15 days after vaccination. Long-term follow-up of 50 of the 59 patients revealed that 5 died, 19 had persistent encephalopathy, and 26 had recovered fully. In a study of the incidence of encephalitis in Olmsted County, Minnesota, from 1950 to 1981 by Beghi et al,[12] 78% of the patients recovered completely.

Unjustified limitation of considered cases, eg within 15 days

In the National Childhood Encephalopathy Study of the United Kingdom from July 1, 1976 to June 30, 1979, Alderslade et al[13] reported convulsions or acute encephalopathy, without separating the two conditions, in 17 children 7 to 14 days after receiving the Schwarz strain measles vaccine, and in 10 unvaccinated age-matched controls from the local community. This study, designed to assess serious neurologic disorders associated with whole-cell pertussis vaccine, reported the onset of encephalopathy <7 days after the administration of whole-cell pertussis.

The purpose of this study of claims submitted to the National Vaccine Injury Compensation Program is to determine whether or not there is evidence for a causal relationship between the first dose of a currently used attenuated measles vaccine, MR, MMR, mumps, or rubella vaccine and encephalopathy of undetermined cause with permanent brain injury or death that occurred within 15 days after administration.

Gross underestimation via strategic narrowing of inclusion criteria

STATUTORY FRAMEWORK

The National Childhood Vaccine Injury Act of 1986 established the compensation program, a federal no-fault system that became effective on October 1, 1988, to provide compensation for individuals who were injured or who died as a result of specified immunizations.[14] Claims of encephalopathy, seizure disorder, or death after the administration of covered vaccines, including measles, mumps, or rubella, can be submitted to the program and awarded compensation, if the condition meets certain medical and legal qualifications. For an individual who received a measles, mumps, or rubella vaccine, the act grants, in the Vaccine Injury Table, the presumption of vaccine causation if the first manifestation of encephalopathy occurs, in the absence of an alternate cause, 15 days or less after receiving any of these vaccines. The injury or its residual effects, except when death occurs, must persist for >6 months. The standard of proof is a preponderance of the medical evidence (ie, >50%, or more likely than not). In addition, a vaccine cause may be demonstrated in the absence of a Vaccine Table Injury, but legally, this is a more difficult process for the person seeking compensation. Effective March 10, 1995, the program changed the time period of a Vaccine Table Injury for these vaccines and the onset of encephalopathy from <15 days to 5 to 15 days.[15]

In 1994, an Institute of Medicine Committee published a scientific review of clinical studies and case series and reports of encephalopathy after the administration of measles, MR, MMR, and mumps vaccine.[9] Their review identified no conclusive evidence of the occurrence of encephalopathy or encephalitis after the administration of measles or mumps vaccine. Nevertheless, the Institute of Medicine Committee acknowledged biologic plausibility that measles vaccine might cause encephalopathy. The lack of controlled studies that distinguish background rates of encephalopathy of undetermined cause in unvaccinated populations makes a determination of causation difficult.

Medical filtration of information

METHODS

The medical records and affidavits in each petition are reviewed by physicians in the compensation program to determine, if possible, the cause of the injury and to classify the findings. The program's finding as to the onset of neurologic signs or symptoms is based only on the medical records. The diagnosis in each case is based on the preponderance of the medical evidence and the assessments of the treating physicians. When deemed necessary, a medical expert is obtained to review the case and provide an expert opinion. All of the cases of encephalopathy discussed in this article have been reviewed in a consistent manner by the first author.

Children with appropriate development who acquired an acute encephalopathy of undetermined cause within 15 days after the administration of the first dose of measles, MR, MMR, mumps, or rubella vaccine between April 1970 and March 1993 followed by chronic encephalopathy or death were selected for further analysis. The neurologic criteria used for the diagnosis of acute encephalopathy of undetermined cause were an abrupt onset of neurologic symptoms and/or signs with significant brain impairment including behavior changes with a depressed level of consciousness, ataxia, or seizures. Children selected for this study had an acute encephalopathic illness followed by chronic encephalopathy including mental retardation, seizure disorders, movement disorders, or motor or sensory disorders.

Cases of encephalopathy were excluded if an infectious, toxic, traumatic, or metabolic cause or a recent exposure to natural measles, mumps, or rubella was identified or full recovery occurred within 6 months. Seizures with mental dysfunction attributed to the postictal state or medication were not considered to be encephalopathy.

All children at the time of the vaccination were considered by the authors to be susceptible to the vaccines administered and >95% would be expected to develop an immune response to the vaccines. The evaluation of these children reflects the standards and technical advancements for diagnoses at the time of the injury. In a few instances, attempts to isolate virus from cerebral tissue and cerebrospinal fluid were unsuccessful. Viral isolation and antibody studies for arboviruses, enteroviruses, and herpesvirus were negative on all children evaluated.

Identified patients were categorized with the variables of sex, vaccine or vaccines administered, age at vaccination, postvaccination day of onset, neurologic symptom at onset, level of consciousness or behavior changes during the day of onset, fever, measles-like rash, cerebrospinal fluid analysis, developmental regression during or after the acute illness, hospitalization, antibody studies, and manifestations of permanent brain injury or death.

RESULTS

A total of 403 claims of encephalopathy and/or seizure disorder after measles, MR, MMR, mumps, or rubella vaccination were identified during this 23-year period. Of these claims, 48 (25 males and 23 females) met the inclusion criteria and acquired an acute encephalopathy of undetermined cause 2 to 15 days after receiving measles vaccine, MR, or MMR. This acute encephalopathy was followed by permanent brain impairment or death. The patients ranged in age from 10 months to 49 months, with a median age of 15 months and a mean age of 17.5 months. No case of encephalopathy of undetermined cause within 15 days after the administration of monovalent mumps or rubella vaccine was identified.

Either Attenuvax or Lirugen was administered to 4 children between 1970 and 1974, and Attenuvax was administered to 4 children between 1977 and 1982. One child received MR, and 30 children received MMR. Of the remaining 9 children, 2 received MMR and diph-

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ENCEPHALOPATHY ASSOCIATED WITH MEASLES VACCINE

Pediatrics Vol. 101 No. 3 March 1998

Exposure period was 1970-1993

The drugs used at that time may have been changed by now, but of course that does not lessen the injuries and deaths that have already occurred.

What they found and reported, even while trying to deny and minimize the findings:

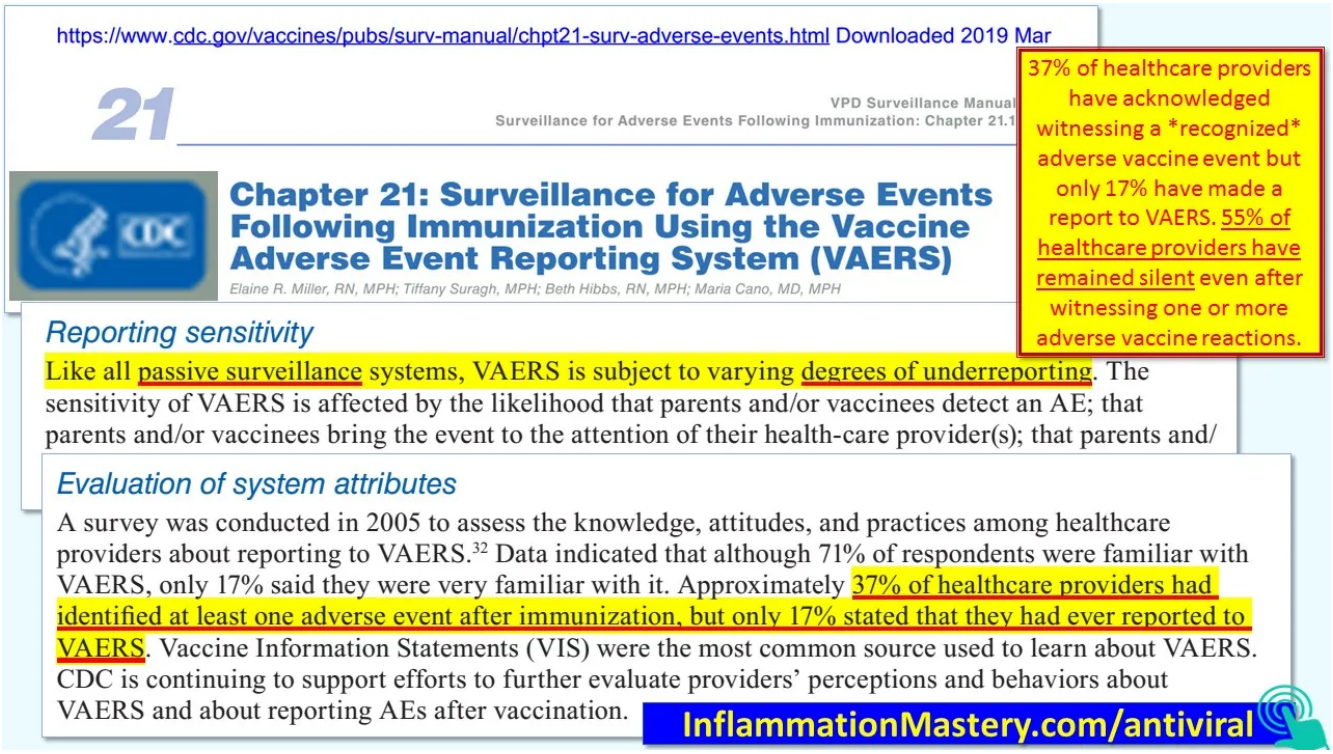
They found that many children were killed or permanently brain injured by these va€ €ine$. Each death is of course a tragedy. Permanent brain injuries included "**mental regression** and **retardation**, chronic **seizures** [which always results in **additional brain damage** because each seizure causes more injury], motor and sensory deficits [eg, **paralysis** and **partial paralysis**], and **movement disorders**."

Results. A total of 48 children, ages 10 to 49 months, met the inclusion criteria after receiving measles vaccine, alone or in combination. Eight children died, and the remainder had mental regression and retardation, chronic seizures, motor and sensory deficits, and movement disorders. The onset of neurologic signs or symptoms occurred with a nonrandom, statistically significant distribution of cases on days 8 and 9. No cases were identified after the administration of monovalent mumps or rubella vaccine.

How they tried to lie and "not find" any link:

1. UNDER-REPORTING OF CASES by using underpowered database that only captures 1-10% of events:

They started by using a biased database notorious for under-reporting of injuries, generally capturing only 1% to 10% of occurrences. In other more recent publications by the US CDC, 37% of healthcare providers have acknowledged witnessing a *recognized* adverse vaccine event but only 17% have made a report to VAERS. **This means that 55% of healthcare providers have remained silent even after witnessing one or more adverse [injection] reactions.** This provides additional proof that the VAERS system used for this particular publication is grossly under-powered—see citation in image below.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21
VPD Surveillance Manual
Surveillance for Adverse Events Following Immunization: Chapter 21.1
Chapter 21: Surveillance for Adverse Events Following Immunization Using the Vaccine Adverse Event Reporting System (VAERS)
Elaine R. Miller, RN, MPH; Tiffany Suragh, MPH; Beth Hibbs, RN, MPH; Maria Cano, MD, MPH
37% of healthcare providers have acknowledged witnessing a *recognized* adverse vaccine event but only 17% have made a report to VAERS. 55% of healthcare providers have remained silent even after witnessing one or more adverse vaccine reactions.
Reporting sensitivity
Like all passive surveillance systems, VAERS is subject to varying degrees of underreporting. The sensitivity of VAERS is affected by the likelihood that parents and/or vaccinees detect an AE; that parents and/or vaccinees bring the event to the attention of their health-care provider(s); that parents and/
Evaluation of system attributes
A survey was conducted in 2005 to assess the knowledge, attitudes, and practices among healthcare providers about reporting to VAERS.[32] Data indicated that although 71% of respondents were familiar with VAERS, only 17% said they were very familiar with it. Approximately 37% of healthcare providers had identified at least one adverse event after immunization, but only 17% stated that they had ever reported to VAERS. Vaccine Information Statements (VIS) were the most common source used to learn about VAERS. CDC is continuing to support efforts to further evaluate providers' perceptions and behaviors about VAERS and about reporting AEs after vaccination.
InflammationMastery.com/antiviral

2. UNDER-REPORTING OF CASES by using unreliable reporting system, which is purely voluntary and actively discouraged within the medical culture:

They failed to mention that doctors and nurses are not trained to identify nor report [injection] injuries; therefore, relying on reports by doctors and nurses will under-estimate the number of actual events.

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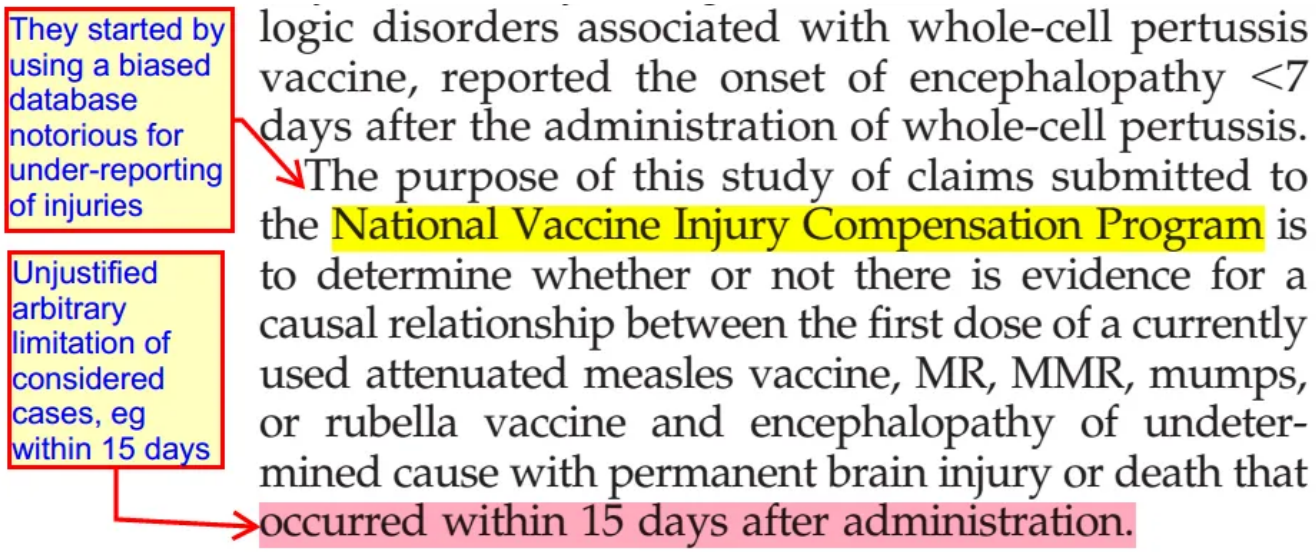
3. UNDER-REPORTING OF CASES by arbitrarily limiting the consideration of cases to those that occur within 15 days of injection even when they already knew that some cases would occur 25 days later:

They used a completely **unjustified** and **arbitrary** time-frame to limit the number of considered cases, eg within 15 days. No justification for this limitation exists, but it clearly served to further limit the number of identified cases. They already knew and reported that some cases would not be identified until 25 days after injection—

therefore, even by using their own data, their time-frame of 15 days is completely unjustified.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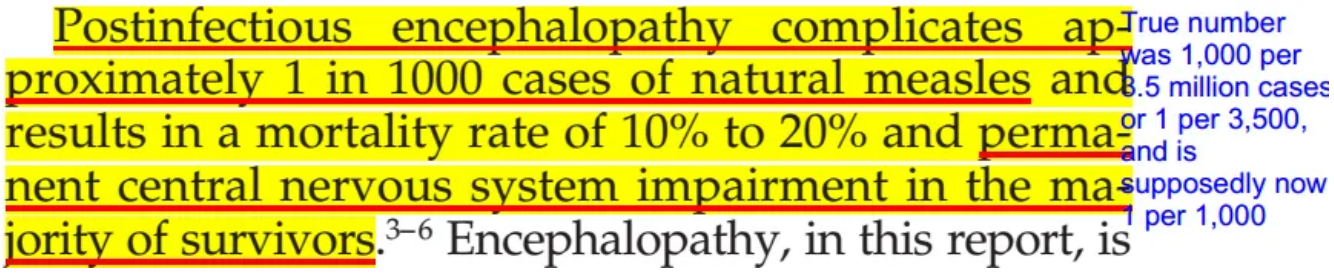
4. OVER-REPORTING OF BACKGROUND CASES by 350% in an attempt to "normalize" brain damage in the general population:

The authors over-reported the background/natural incidence of brain disorders in order to make the injections appear safer and less consequential.


Postinfectious encephalopathy complicates approximately 1 in 1000 cases of natural measles and results in a mortality rate of 10% to 20% and permanent central nervous system impairment in the majority of survivors.[3–6] Encephalopathy, in this report, is
True number was 1,000 per 3.5 million cases or 1 per 3,500, and is supposedly now 1 per 1,000

5. THEY ESTABLISHED A CLEAR CAUSAL/DIRECT RELATIONSHIP BETWEEN THESE INJECTIONS AND BRAIN INJURY: Yes, these Measles [injections] cause brain injury and death in (some) children, so the only remaining strategy for minimizing this horror is to say that it is "rare"

The authors conclude and clearly communicate that these va€€ine$ are directly responsible for the brain injury and death among some of these unfortunate children; no doubt about it: cause-and-effect relationship, nonrandom.

Thus, at this point, the only tactic the authors can use in order to minimize the importance of this grave finding (qualitative: direct, causal, iatrogenic) is to attempt to minimize the quantity/number of affected children. This is a common technique to minimize the impact and importance of the deaths and injuries caused by this important profit-center for the medical profession: they simply minimize and deny the problem by describing it as "rare."

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Hijacking the word "rare" in the new geopolitical medical research and health news

I have been intensely scouring research now for 30 years, and this experience has provided me the perspective of noticing changes and trends in the so-called biomedical research literature often times several years in advance of these changes making headline news. See my...

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They minimize the quantitative impact of this causal finding by using these tactics:

1. **Using an unreliable database** notorious for under-reporting cases by 90-99% per #1 above,
2. **Using unreliable reporters** with zero training in the documentation of these injuries and who are actively discouraged from volunteering their time to make these reports per #2 above,

3. **Under-counting the cases** by arbitrarily limiting the cases included to those that occur within 15 days when they knew very clearly that some injuries would not be obvious until at least 25 days later
4. **Over-estimating the number of background cases** per #4 above,
5. **Falsely stating that their system was reliable** (!), as in the final paragraph provided below from the conclusion of their article

morbidity ratio. The distribution was nonrandom with clustering and 2 statistically significant increases ($0.01 < P < .05$) of 9 and 8 cases on postvaccination days 8 and 9, respectively.[16] Our analysis found no significant difference between the onset of encephalopathy and age or sex. In the absence of any obvious bias and confounding, this finding is evidence for a causal relationship between further attenuated measles vaccine, alone or in combination, and acute encephalopathy of undetermined cause followed by permanent brain impairment or death.

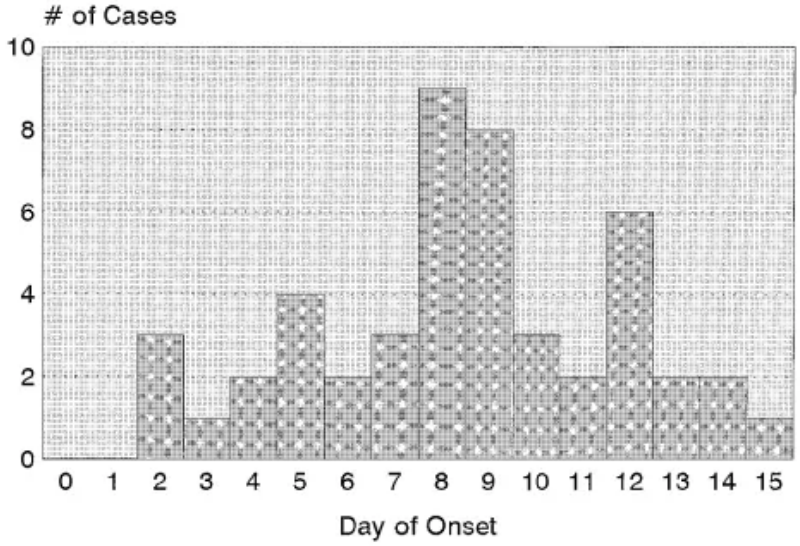
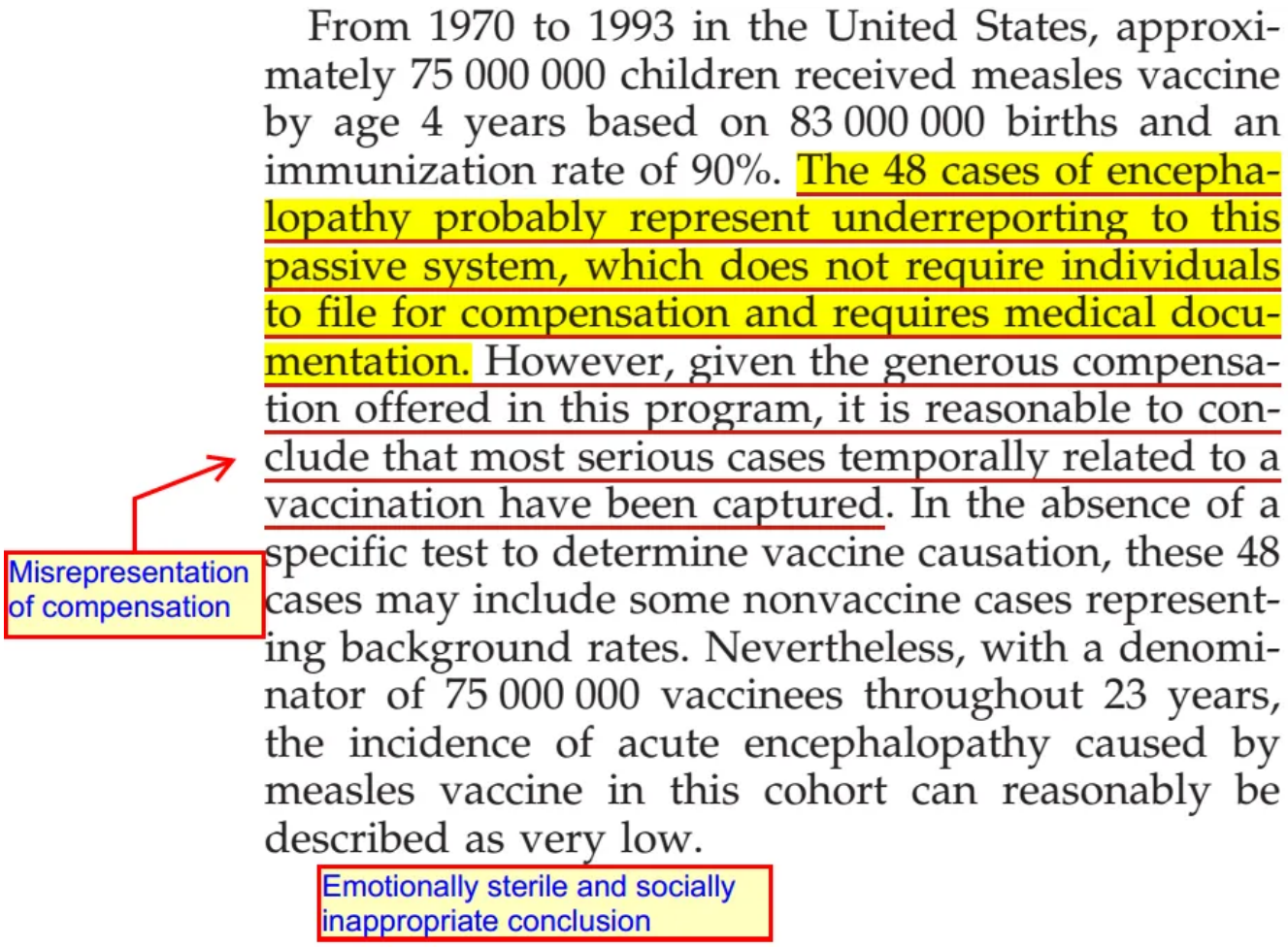


Fig 1. Onset of encephalopathy by day after the administration of the first dose of MMR, MR, or further attenuated measles vaccine in 48 children (1970–1993).

Here in the final paragraph (below), the authors resort to completely lying about the quality of their data (by saying that most cases of injury were captured by their uninformed, discouraged, and voluntary system) and further stating that the VAERS compensation program is “generous” which is a complete insult to the parents and children who suffer through the years of legal battles required even for the receipt of the most modest compensation to barely cover legal, medical, nursing, and home-care needs, not to mention the mental/emotional anguish and loss of mobility and income (etc) imposed on the surviving family members.


From 1970 to 1993 in the United States, approximately 75 000 000 children received measles vaccine by age 4 years based on 83 000 000 births and an immunization rate of 90%. The 48 cases of encephalopathy probably represent underreporting to this passive system, which does not require individuals to file for compensation and requires medical documentation. However, given the generous compensation offered in this program, it is reasonable to conclude that most serious cases temporally related to a vaccination have been captured. In the absence of a specific test to determine vaccine causation, these 48 cases may include some nonvaccine cases representing background rates. Nevertheless, with a denominator of 75 000 000 vaccinees throughout 23 years, the incidence of acute encephalopathy caused by measles vaccine in this cohort can reasonably be described as very low.
Misrepresentation of compensation
Emotionally sterile and socially inappropriate conclusion

VIDEO REVIEW AND COMMENTARY

Note: This video can be downloaded

DownloadShare: Acute Encephalopathy Followed by Permanent Brain Injury Death with Further Attenuated Measles MMR 1998 Pediatrics

Dr Alex Vasquez

34:09

“We know they are lying.

They know they are lying.

They know that we know they are lying.

We know that they know we know they are lying.

And still they continue to lie.”

— attributed to Alexander Solzhenitsyn, author of *The Gulag Archipelago*

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Hijacking the word “rare” in the new geopolitical medical research and health news

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MEDICAL TERMINOLOGY: 1) primary vaccine failure, 2) secondary vaccine failure, 3) breakthrough infections, 4) negative vaccine efficacy

"Our words and phrases carry images, concepts and —therefore— implications." DrV Introduction: Our words and phrases carry images, concepts and —therefore— implications. Words aren't simply identifiers, but they are idea clusters, constellations. Here I will introduce four words/phrases related to Immunology and Pharmacology; I will use quotes and contex...

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